



Customer Information / Credit Application

Company Name:
DBA:
Billing Address:
City, State, Zip:
Shipping Address:
City, State, Zip:

Contact:
Telephone:
Fax:
Email

Business Type:
Ownership Type:
Tax ID:

Acct Payable
Contact:
Direct Line:
Prefer Invoices: [ ]Email [ ]Fax [ ]Mail

Trade References:
Company:
Address:
City, State, ZIP:
Contact:
Phone:
Fax:
Company:
Address:
City, State, ZIP:
Contact:
Phone:
Fax:

Company:
Address:
City, State, Zip:
Contact:
Phone:
Fax:
Company:
Address:
City, State, ZIP:
Contact:
Phone:
Fax:

Bank Reference:
Account Name:
Account Number:
Send Inquiries to:

I hereby authorize the release of credit information to Genesis Lampshade, LLC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax or email completed application for faster processing.

Fax (256)891-0513 ; Email ami@genesislampshades.com

Genesis Lamp Shade LLC | 521 Baltimore Ave, Albertville, AL | 256.878.1003 | www.genesislampshades.com